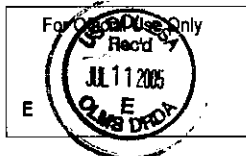


This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <i>2664</i>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Francisco P Piccione P.O. Box, Bldg., Room No., if any Suite 400 Street 1750 New York Ave NW City Washington State District of Columbia ZIP Code +4 20006-5301	4. Name, file number, and address of labor organization. Name IRON WORKERS AFL-CIO Labor Organization File Number 000-052 P.O. Box, Building and Room Number, if any Street 1750 New York Avenue, N.W. City Washington State District of Columbia ZIP Code +4 20006-5301
5. Position in labor organization. Training Specialist	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name xxx	N/A
Trade Name, if any: xx	
P.O. Box, Bldg., Room No., if any xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
Street xxx	7.b. Amount.
City xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
State ZIP Code + 4 00000-0000	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

07/01/2005

Date _____

202-383-4883

Telephone Number

Name of Person Filing Francisco Piccione	File Number U- 2664
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IMPACT</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1750 New York Avenue NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-5301</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Receives contributions from employers who have collective bargaining contracts with local unions - \$4,519,541.00</p> <p>IMPACT leases office space & employees from Iron Workers - \$1,057,284.00</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>06/02/04 Atlantic City, New Jersey - Regional Advisory Board - reception - (spouse attended)</p> <p>12.b. Amount. \$198</p>

Name of Person Filing Francisco Piccione	File Number U- 2664
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name MAX USA CORP.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 257 East 2nd Street</p> <p>City Mineola</p> <p>State New York ZIP Code + 4 11501</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>A manufacture of ergonomically correct ironworking tools.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>08/11/04 Las Vegas, NV. - Lunch - Dinner - Entertainment</p>
	<p>12.b. Amount. \$150</p>

Name of Person Filing Francisco Piccione

File Number U- 2664

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MAX USA CORP.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 257 East @nd Street

City Mineola

State New York ZIP Code + 4 11501

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

A manufacture of ergonomically correct ironworking tools.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

08/12/04 Braehfeast - Lunch

12.b. Amount.

\$50